	,		308030									
			PE C		OR	OTHER SMALL I						
TOTAL CLAIMS			31				Г	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		B/	asic fee	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			3) minus 20=		• 11			X\$ 9=		OR	X\$18=	198
INDEPENDENT CLAIMS			6 minus 3 =		2			X42=		OR	X84=	168
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL	1106
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMÁLL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	:			PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 33	Minus	** .	3/	-2	1 [	X\$ 9=		OR	X\$18=	100
MEN	Independent	٠3	Minus	***	2	•	] [	X42=		OR	X84=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM		1	+140=.		OR	+280=	
	12/4	105	,				L AF	YOTAL		OR	TOTAL ADDIT FEE	100
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	/	RATE	ADDI- TIONAL FEE
	Total	. 23	Minus	**	33	•	] [	X\$ 9=		OR	X\$18=	
ME	Independent	· 3	Minus	***	5		1 [	X42=		OR	X84=	
=	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENUEN	COAIM		<b>」</b>	f140=		OR	+280=	
							A	TOTAL OIT. FEE		OR	ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3	1					
AMENDMENT C	್7 ಬ ಕಲವು.	CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		•	<b>↓</b> [	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	969		-	4	X42=		OR	X84=	
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM			+140=		OR	+280=	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20									OR	TOTAL	
-	"I the "Linbort M.	imber Previously Pa imber Previously Pa inber Previously Pa	ald For IN THE	IS SPACE	in loca th	an 3. enter "3."		OIT. FEE   d in the ap	propriate bo	•	ADDIT. FEE lumn 1.	
							1				MOTHENT	

FORM PTO-875 (Res. 8/01)

TOUS OF OLDER MENTER PER

Pasent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY